

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597107

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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37						
38						
39						
40						
41						
42						
43						
44	1					
45						
46						
47						
48						
49		1				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54						
55	1					
56						
57						
58						
59						
60						
61						
62						
63						
64						
65	1	1				
66						
67						
68						
69	1					
70	1					
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75						
76	1					
77	1	1				
78	1					
79	1					
80						
81	1					
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83	1					
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	16					
TOTAL CLAIMS	20					